

Crossroads Financial, LLC

T: (561) 988-7098 F: (561) 994-5558

PURCHASE ORDER FINANCING APPLICATION

| | | |
|--|------|--|
| Requested Facility Size | \$ | |
| Projected Monthly Volume Commitment | \$ | |
| Vendors will accept (please mark all applicable): | | |
| LC | Wire | |
| Average time from purchase of product from supplier to invoice to buyer: | | |
| Referred by: | | |

GENERAL BUSINESS INFORMATION

| | | |
|--|-------------------------------------|-------------------|
| Legal Name of Business/ Corp. | | |
| Trade Name (DBA) | | |
| Primary Business Address | | |
| Alternate Mailing Address | | |
| Primary Contact: | Title: | |
| Telephone No. | Fax No. | |
| Cell No. | | |
| Website | Email Address | |
| Legal Form of Business | State of Organization/Incorporation | |
| Federal Tax ID#: | D.U.N.S. # | Years In Business |
| Type of Business (Describe Products or Services) | | |
| Bank Name | Address | Phone |
| Checking Acct # | Savings Acct # | Loan # |
| Accountant Name | Address | Phone |
| Attorney Name | Address | Phone |
| Insurance Agent Name | Address | Phone |
| Landlord Name | Address | Phone |
| If more than one: | | |
| Landlord Name | Address | Phone |
| Landlord Name | Address | Phone |
| Referred By | Phone | |

ACCOUNTS RECEIVABLE INFORMATION

| | | | | |
|--|-------------|--|---------------|--------------|
| Trade Receivables Outstanding | 0 - 30 days | 31-60 days | 61-90 days | Over 90 Days |
| Average Monthly Sales \$ | | Total Number of Customers | | |
| Average Number of Invoices per Month | | Average Invoice Value \$ | | |
| Average Number of Days to Collect | | Write-Off Percentage | Terms of Sale | |
| Average Length of Customer Relationship | | Any Credit Enhancement such as a Factor, Credit Insurance or Guarantee | | |
| Are your Customers Domiciled Locally or Overseas | | Current Factor: | | |

ACCOUNTS PAYABLE INFORMATION

| | | | | |
|--|-------------|-------------------------------|------------|--------------|
| Accounts Payable Outstanding | 0 - 30 days | 31-60 days | 61-90 days | Over 90 Days |
| Average Monthly Purchases \$ | | Total Number of Vendors | | |
| Terms of Purchase | | Average Number of Days to Pay | | |
| Are your Suppliers Domiciled Locally or Overseas | | | | |

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LOGISTICS INFORMATION

| | | |
|--|---------|-------|
| Does the Firm Import or Export or Both (Please Explain) | | |
| Is there a 3rd Party Quality Inspection of the Goods Prior to Shipment | Yes | No |
| How are Goods Typically Shipped | Ocean | Air |
| Freight Forwarder Name | Address | Phone |
| Customs Broker Name | Address | Phone |
| Public Warehouse Name | Address | Phone |

BACKGROUND INFORMATION *(Please explain any "Yes" answers)*

| | | | |
|---|----|------------------|--|
| Are the A/R pledged as collateral in support of any loans? | No | Yes, With Whom?: | |
| Is the Inventory pledged as collateral to support any loan? | No | Yes, With Whom?: | |
| Are there any loans now outstanding? | No | Yes, Explain: | |
| Are you considering changing lenders? | No | Yes, To Whom?: | |
| Are there any delinquent Federal, State or Payroll taxes? | No | Yes, Explain: | |
| Has the Company/Principals ever filed Bankruptcy? | No | Yes, Explain: | |
| Has any Owner/Officer ever been convicted of a felony? | No | Yes, Explain: | |
| Are there any Judgments/Liens against the Company? | No | Yes, Explain: | |
| Has the Company ever operated under a different name? | No | Yes, Explain: | |

OWNER/OFFICER INFORMATION

| | | | |
|-------------------|----------------------|---------------|--|
| Name : | | | |
| Street Address | | | |
| City | State | Zip | |
| Social Security # | Driver's License # | Date of Birth | |
| Position | Ownership Percentage | Phone # | |
| Name : | | | |
| Street Address | | | |
| City | State | Zip | |
| Social Security # | Driver's License # | Date of Birth | |
| Position | Ownership Percentage | Phone # | |
| Name : | | | |
| Street Address | | | |
| City | State | Zip | |
| Social Security # | Driver's License # | Date of Birth | |
| Position | Ownership Percentage | Phone # | |

SUPPORTING DOCUMENTATION REQUIRED

| | |
|--|---|
| PLEASE INCLUDE ALL OF THE FOLLOWING INFORMATION | |
| Most Recent Month End Detailed Accounts Receivable Aging. | Last Three Fiscal Year End Financial Statements (if Applicable) |
| Most Recent Month End Detailed Accounts Payable Aging | Most Recent Interim Financial Statements |
| Most Recent Personal Financial Statement for Principals with 20% or more Ownership | 12 Month Sales Projections |
| Purchase Orders from Supplier and End User or Available Historicals | Timeline from Order to Delivery |

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AUTHORIZATION TO RELEASE INFORMATION

The information supplied in this Confidential Financing Application and Company Profile form and all forms and documents submitted to Crossroads Financial, LLC or its Assignee (collectively "Lender") in connection herewith is true and correct to the best of my/our knowledge and belief. Crossroad's policy is to protect the confidentiality of your credit information by restricting access to it to director or officer level staff. I/we hereby authorize Lender to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, or other materials or information as requested by Lender and to verify any information provided from any source Lender may choose. I/we grant Lender the right to procure any and all credit or other investigative reports to any party to this application. I/we grant Lender the right to release any of the information contained herein or any results from any investigation of the information contained herein to any third party that may become part of any financing transaction between Applicant and Lender or to whom Lender may refer this Applicant for funding. I/we further grant to any source from which Lender has requested information about Applicant(s), the authorization to release such information to Lender. Applicant acknowledges that Lender will rely on the information provided herein to make its credit decision regarding Applicant. This application has been completed and signed under penalty of perjury. A photocopy, including a fax copy, of this authorization may be accepted as an original. Please use addendum if additional signatures are required.

| Signature: | Print Name | Title | Date |
|------------|------------|-------|------|
| | | | |